

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information			
URN: 018 - 03348 - 1135 - 053		Date: 02/18/18	Time: 2324 Hrs.
Location: East Avenue H-6		City or Station: Lancaster	
Bureau/Station/Facility: North Patrol Division / Lancaster Station		Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO	
Type of Force: Control Hold / Team Takedown / Resistive Handcuffing			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3		Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/> Call		<input type="checkbox"/> Observation	<input type="checkbox"/> Detail
		<input type="checkbox"/> Foot Pursuit	<input type="checkbox"/> Vehicle Pursuit
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO		Person Notified: Lt. Minh Dinh	Emp: [REDACTED] IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO

Involved Employee			
E1	Employee # [REDACTED]	Last Name Devoe	First Name Jim
		Middle I. A.	Rank DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 5'09"	Weight: 200
	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 112D	
Individual Force Used: Control Hold / Team Takedown / Resistive Handcuffing			Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____

E2	Employee # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]
		Middle I. [REDACTED]	Rank DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: H	Height: 5'09"	Weight: 190
	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 112T2	
Individual Force Used: Control Hold / Team Takedown / Resistive Handcuffing			Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____

E3	Employee # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]
		Middle I. [REDACTED]	Rank DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 5'07"	Weight: 150
	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 111	
Individual Force Used: Control Holds			Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____

On Duty Supervisor						<input type="checkbox"/> Additional Involved Employees	
Emp # [REDACTED]	Last Name Goedecke	First Name Jason	Middle I. M.	Rank Sgt.	Present <input checked="" type="radio"/> YES <input type="radio"/> NO	Witness to Incident <input checked="" type="radio"/> YES <input type="radio"/> NO	
Supervisor Completing Investigation							
Emp # [REDACTED]	Last Name Castillo	First Name Maricela	Middle I. NMI	Rank Sgt.	Present <input type="radio"/> YES <input checked="" type="radio"/> NO	Witness to Incident <input type="radio"/> YES <input checked="" type="radio"/> NO	
Watch Commander / Supervising Lieutenant							
Emp # [REDACTED]	Last Name Dinh	First Name Minh	Middle I. G.	Rank Lt.			

Watch Commander / Supervising Lieutenant's Signature:  Date: 2/26/18 Copy Provided to Employee by: _____ Emp #: _____

Unit Commander (Print Name)	Unit Commander's Signature: _____	Emp #:	Date
<div style="border: 1px solid black; padding: 2px;"> DISCOVERY Use Only FO# _____ </div>	<input type="checkbox"/> PPI REVIEW COMPLETED	Original: Discovery Unit Copy: Unit Commander	SH-R-438P (Rev. 01/13)

Supervisor's Report on Use of Force

SUSPECT INFORMATION

0 1 8 - 0 3 3 4 8 - 1 1 3 5 - 0 5 3

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S 1

Suspect Information									
Last Name Clutter		First Name Michail		Middle Name NMI		Armed? Select <input type="checkbox"/> Not Armed			
AKA Last Name		First Name		Middle Name					
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Race: W	Age: 59	Height: 508	Weight: 185	D.O.B.: 10/15/59	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C N/A		
Street Address:				City:		State & Zip Code:			
Booking #: 5236845		Primary Charge Code: 245(A)(1)		Secondary Charge Code: 597(C)PC		<input checked="" type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input checked="" type="radio"/> NO		Name: Los Angeles County Fire				Unit: Engine 135		Phone #: N/A	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: Antelope Valley Hospita				Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By: Dr. Travis Deuson		Address: 1600 W Avenue J, Lancaster, CA 93534				Phone #: 661-949-5000			
Under Influence: <input checked="" type="radio"/> YES <input type="radio"/> NO		Substance: Alcohol		5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date: 02/19/2018		Time: 0500		<input type="checkbox"/> Audiotape: <input checked="" type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries: <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:			
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/>		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:			
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/>		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 8 - 0 3 3 4 8 - 1 1 3 5 - 0 5 3

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
525751	Goedecke	Jason			
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Lancaster Station		110S		<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age
					39
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age
Street Address		City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

$$\boxed{0} \boxed{1} \boxed{8} - \boxed{0} \boxed{3} \boxed{3} \boxed{4} \boxed{8} - \boxed{1} \boxed{1} \boxed{3} \boxed{5} - \boxed{0} \boxed{5} \boxed{3}$$

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

SH-R-438P (Rev. 01/13)